Early Mental Health Screening, Assessment, and Referral to Services are Common Practice

A White Paper by the North Dakota Mental Health Planning Council

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Preface

A mental health planning and advisory council exists in every State and U.S. Territory as a result of federal law first enacted in 1986. The law requires States and Territories to perform mental health planning in order to receive federal Mental Health Block Grant funds. Stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved in these planning efforts through membership on the council.

States are required to submit yearly applications to receive federal block grant funds. The Mental Health Block Grant program is administered by the Center for Mental Health Services (CMHS), which is an agency of the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of block grant planning, in general, is to support the State creation and expansion of comprehensive, community-based systems of care for adults with serious mental illness and children with serious emotional disturbance. The goal of the Mental Health Block Grant program is to help individuals with serious mental illnesses lead independent and productive lives. The block grant program has served as an impetus in promoting and encouraging States to reduce the number of people receiving care in State psychiatric hospitals and to develop community-based systems of care.

In North Dakota, this group is called the Mental Health Planning Council (The Council). The Council consists of 27 members who are appointed by the Governor along with two ex officio members. Membership includes: representatives of the principle State agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services; public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services; adults with serious mental illnesses who are receiving (or have received) mental health services (consumers); and the families of such adults or families of children with emotional disturbances.

A diverse membership brings vast strengths and varying perspectives to The Council. There is a shared knowledge of individual and general consumer situations, Medicaid, service delivery systems, reimbursement issues, housing and community development, legal issues, and community resources. Points of

view are presented from consumers of mental health services, family members, advocates, referral sources, schools, institutional and community-based service providers, the general disability community, and the criminal justice system. A majority of the membership has direct experience with issues concerning recovery, peer mentoring, service delivery, children's issues, and/or advocacy for mental health.

Introduction

The Council's current strategic plan is based on a federal report published in July 2003. Titled *Achieving the Promise: Transforming Mental Health Care in America*, the publication was written by the President's New Freedom Commission on Mental Health. The Commission was charged with studying the mental health service delivery system and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities.

The Commission's study resulted in six goals: 1) Americans understand that mental health is essential to overall health; 2) mental health care is consumer and family driven; 3) disparities in mental health services are eliminated; 4) early mental health screening, assessment, and referral to services are common practice; 5) excellent mental health care is delivered and research is accelerated; 6) technology is used to access mental health care and information.

Goal four of the Commission's report, also a goal of The Council's strategic plan, is that "Early mental health screening, assessment and referral to services are common practice". The Council decided to write a white paper on this topic in order to provide its perspective on the existing service delivery system, related problems and concerns, as well as to offer solutions for policymakers and other stakeholders.

Perspectives on North Dakota's System for Mental Health Care

"Addressing the emotional and behavioral needs of children and youth is a shared responsibility between public agencies, private providers, and families. While the mission of families is generally consistent across families, it is generally not consistent across public and private agencies/providers, even when the bottom line is the emotional and behavioral health and well being of children and youth. The varying missions tend to produce different terms and meanings, eligibility criteria and procedures, and program focus. Given the growing complexity of needs and the realization that these needs cannot be met by any one group in isolation from others, it is imperative that providers and families begin to build a shared understanding and common language". (Source: Draft of the Emotional Disorders Guidance Manual- Introduction Section)

Definition of Mental Health Screening- Screening is a relatively brief process designed to identify children and adolescents who are at risk of having disorders that warrant immediate attention, intervention or more comprehensive review. Identifying the need for further assessment is the primary purpose of screening. Mental health screening instruments are never used to diagnose a child, but instead, to inform parents and those working with families of concerns needing further assessment.

The Health Care System is a primary gateway for identification, screening, referral and access to services for young children- Thus, access to health care and the practices of pediatricians are extremely important elements in determining whether a child receives services. It is indicated that nearly 2/3 of all mental health problems are undetected by primary care physicians. It was pointed out there is a need for further research regarding screening and identification and to include preschoolers who have been nearly omitted from previous research.

The American Academy of Pediatrics has developed a policy on Developmental Surveillance and Screening of Infants and Young Children. Virtually all preschool children could be contacted by screening and identification practices contained in the health care system. However, fewer than 1/3 of the eligible children receive a full Early Periodic Screening and Diagnostic Testing (Health Tracks) screen and even fewer a screen that includes behavioral health.

This policy discusses the role of pediatricians in the early identification of developmental delays and referral of families to services. The statement notes that under the Individuals with Disabilities Education Act (IDEA), physicians are required to refer children with suspected developmental delays in a timely manner to the local early intervention system. The policy cites a definition of developmental surveillance as " a flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care. The components include; eliciting and attending to parental concerns, obtaining a relevant developmental history and making accurate and informative observations of children and sharing opinions and concerns with other relevant professionals" (p. 192). American Academy of Pediatrics Committee on Children with Disabilities (2001). Developmental Surveillance and Screening of Infants and Young Children (RE0062). *Pediatrics, 108*, 10, 192-196.

Head Start Performance Standards (ACF, 2002b)- Provides directives that encompass developmental and behavioral screening and the provision of disability and mental health services to children in Head Start and Early Head Start. The Child Health and Developmental Services sections of the Performance Standards cover screening, follow-up and treatment. Screening standards specify that within 45 days of enrollment, a screening must be obtained or performed "to identify concerns regarding a child's developmental, sensory

(visual and auditory), behavior, language, social, cognitive, perceptual and emotional skills. The screening must be linguistically and age appropriate, sensitive to the child's cultural background and must "utilize multiple sources of information on all aspect of each child's development and behavior, including input from family members, teachers and other relevant staff who are familiar with the child's typical behavior".

Performance Standard sections addressing mental health services specify that programs must secure the services of mental health professionals to ensure timely and effective intervention in mental health concerns. Mental health consultants should act as liaisons between community agencies and the program, and should act as advocates for the child and family. For children with identified disabilities, mental health consultants are to assist parents and staff in accessing community agencies and ensure that the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) is properly implemented.

Early Identification for at risk-behaviors-Early identification for screening means the ability to identify at risk behaviors or symptoms that a child exhibits. At risk means an observable change in how a child or youth thinks, feels and acts. It is used to indicate those whose behavior appears outside of the expected norm for same-aged peers and may signal the possibility that more severe problems could develop over time if left unattended. When considering factors that might signal at risk concerns, current research- based knowledge suggests that biological, social, psychological and environmental factors are all important considerations.

In their book, *Antisocial Behavior in School: Strategies and Best Practices* (1995, Brooks/Cole Publishing Company), Walker, Colvin, and Ramsey provide a set of guidelines for screening and identification of antisocial behavior patterns. **Even though they provide this specifically in discussion about antisocial behavior, the guidelines apply to all screening for any mental health issues.**

Guidelines for Screening and Identification of Antisocial Behavior Patterns

- A *proactive* rather than a *reactive* process should be used to screen and identify students at risk for antisocial behavior.
- Whenever possible, a multi-agent (teacher, parent, observer) and multi-setting (classroom, playground, home setting) screening-identification approach should be used in order to gain the broadest possible perspective on the dimensions of the target student's at-risk status.
- At-risk students should be screened and identified as early as possible in their school careers—ideally at the preschool and kindergarten levels.
- Teacher nominations and rankings or ratings should be used in the early stages of screening and supplemented later in the process, if possible, by direct observations, school records, peer or parent ratings, and other sources as appropriate.

Walker, H.M, Colvin, G., & Ramsey, E. (1995)

Prevention is key for a youth's mental wellness that includes upfront efforts and activities that increase and promote healthy development in children and youth. Ideally, a continuum that includes prevention, early intervention, and systems of care would be found in all schools and programs and services thus ensuring the use of the least restrictive interventions needed.

Definition of a Mental Health Diagnostic Assessment- Is a more comprehensive, expensive, time consuming examination of the psychosocial needs and problems identified during the initial mental health screening. Assessments identify the type and extent of mental health disorders and make recommendations for treatment interventions. Assessments routinely include individualized data collection, often including psychological testing, clinical interviewing and reviewing of past records. Assessments typically require the expertise of a mental health professional to conduct the assessment and develop a comprehensive report. The purpose of a diagnostic assessment is to define the child or adolescent's concerns and use the information to develop a comprehensive treatment plan.

The Children and Family Services Division of the ND Department of Human Services contracts with Child Care Resource and Referral. They have a very sophisticated training division with all of their training researched based and approved through a higher education process. The Higher Education Training Approval Board is made up of college professors from the private and public colleges and universities in the state. Child Care Resource and Referral recognizes the need for a collaborative effort to coordinate with the mental health system regarding mental wellness in child care. The child care providers have been asking for training on how to care for children with mental health issues, as it is not unusual for children to be removed from child care settings due to behavioral issues. It would be desirable for child care providers to be present at Individual Education Plan (IEP) meetings since the children are in their care for most of the day and would be able to contribute to the discussion regarding behaviors and mental wellness.

Early mental health screening, assessment and referral to services are common practice

The Early Child Care, Educators, Mental Health, Juvenile Justice and Child Welfare work force must be able to provide collaborative, comprehensive, individualized, evidence-based services and systems or to be able to identify and refer children to such services and systems. The work force must be skilled in evidence-based promotion, prevention and intervention strategies with families.

Current services and efforts for mental health screenings, assessments and referrals for children and youth in North Dakota by such work forces are as follows;

1. Right Track-Ages: birth to 3 years of age. Provide developmental screenings, information on child growth and development, childhood concerns; sleep, nutrition, and managing behaviors, and referrals to local, state and national organizations
2. Birth Review check box- completed at the hospital on the birth certificate, if the family checks the box that they would like further information on child development they are referred to the human service center-developmental disabilities unit (Right Track)
3. Health Tracks- Pediatric Symptom Checklist 0-21 years of age for medical assistance recipients
4. Early Head Start and Head Start- Ages: birth to 5 years of age- Child Health and Developmental Screenings, which includes screening, assessment and referrals for Health; Dental, Mental Health, Cognitive, and Nutritional needs
5. Child Welfare- Ages and Stages Questionnaire Ages: 4 months to 60 months and the Pediatric Symptom Checklist Ages: 0 to 21 years of age
6. Juvenile Justice- Massachusetts Youth Screening Instrument (MAYSI-2) Ages: 12-17 years of age
7. Juvenile Courts- Youth Assessment Screening Assessment (YASI)
8. Emotional Disturbance Guidance Task Force- Development of an Emotional Disturbance Guidance Manual/Document for families and providers in the educational system. This document was developed to provide guidance to the system of care that supports children and youth birth to 21 years of age, with or at risk of developing emotional or mental health disorders and their families. More specifically, the intent behind the document is to:
   - Increase understanding of requirements and practices among system partners that will lead to greater continuity and move closer to a true comprehensive system of care.
   - Clarify various laws, regulations, or policies, especially where they impact eligibility decisions.
   - Strive for greater consistency in practice among school districts.
   - Provide information about best practice and tools for intervention and support.
9. Development of Early Learning Guidelines (Voluntary) is aligned with kindergarten standards for Ages birth to 5 years of age- part of Federal initiative No Child Left Behind and will address the social/emotional domain areas of childhood development. The stakeholders include Child Care Resource and Referral, Head Start, Early Head Start, Pre-school Special Education, Related Services; Physical Therapy, Speech Therapy and Occupational Therapy and Developmental Disabilities. The Guidelines are to be completed in June 2006 with implementation to follow.
10. Mental Health Screening Tool Kit Training- August 30, 2005 for Child Welfare, Mental Health, Juvenile Justice, Developmental Disabilities, Head Start, Private Providers and Tribal work force.

11. Training at the UND School of Medicine has a ½ time position for Early Childhood, training and looking at multidisciplinary approach and practice to screening, assessment and referral for mental health/wellness.
12. Child Abuse Prevention and Treatment Act (CAPTA)- Federal Law requiring Child Protection Services case managers of the Child Welfare system to make a referral to the Human Service Center for services required findings of abuse and/or neglect for children 0-3 years of age for screening. This is not a mandated service for families, it is voluntary, however, Wraparound Case Management allows the worker to explore the emotional/behavioral life domain for any risks, needs, strengths of the children and family and develop a plan to address those identified needs.
13. System of Care (Wraparound Case Management in mental health, juvenile justice, child welfare and education). Comprehensive community systems of care have emerged as a way to address the needs of community members in the community setting rather than in institutions or confined settings. Systems of care bring together a variety of community participants in an effort to extend resources and provide services designed to the needs of the child/youth and the family. These systems of care build on the community resources and include public and private resources as well as business and social units. These principles include:

    Principle 1: A team centered approach to decision making with the child and family team;
    Principle 2: Services recognize that the family is the primary support system for the child and participates as a full partner;
    Principle 3: Services are delivered in the child's home community drawing on formal and natural supports;
    Principle 4: Services are planned in collaboration with all child-service systems involved in the child's life;
    Principle 5: Services are culturally competent;
    Principle 6: Services take place in the least restrictive and least intrusive environment;
    Principle 7: Services are delivered in a strengths-based approach with concentration on the strengths of the child, family, and community.

    Tools used in the mental health system (System of Care) include: Child and Adolescent Functional Assessment Scale: (CAFAS): Ages 6 to 17 years of age. The Child & Adolescent Functional Assessment Scale (CAFAS) is a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

    Preschool and Early Childhood Functional Assessment Scale: (PECFAS): The Preschool and Early Childhood Functional Assessment Scale Ages 4 to 7 years of age or preschool through second grade. It is used to assess a child's functional impairment.

The "system of care" exists at varying degrees of development and implementation in ND communities. As communities, and specifically as agencies serving children and youth work together to better understand the issues and needs of children with emotional disturbance, the system of care will undoubtedly improve and develop more fully.

14. Positive Behavioral Supports (PBS)- Used in school settings as an intervention approach and can be seen as a powerful strategy for preventing and resolving challenging behaviors of young children.
15. Healthy North Dakota Early Childhood Alliance- To unify and strengthen North Dakota's early childhood system that promotes positive development and improved health for all children through a collaborative effort among many stakeholders from across the state.

The following needs have been identified for the mental wellness of families and youth in North Dakota

1. Limited resources for completion of assessments
2. Access to psychological and psychiatric services in a timely manner
3. Training opportunities for private, public, child serving agencies; Clergy, YMCA, Boys and Girls clubs, medical field, volunteers; Big Sister and Big Brother, child care providers
4. Training opportunities for families and youth
5. Advocacy and support to families and youth
6. Access to information and dissemination of information from Federal Entities; SAMHSA, MHA, Federation of Families
7. Insurance coverage for mental health services; CHIPS, Healthy Steps (SCHIPS)

Recommendations

1. Continue current services and efforts for mental health screenings, assessments, and referrals for children and youth in North Dakota as reflected in the white paper.
2. Disseminate the MHSA Fact Sheets on various topics regarding Mental Health and Substance Abuse.
3. Children's Screening Coordinating Committee is an avenue for dissemination of information regarding the mental health screening, assessment, intervention and referral process to meet the needs of children.
4. Provide education and training opportunities for pediatricians and family doctors.
5. Continue to raise awareness of the Healthy Families/Right Tracks programs, which promote early childhood programming prevention, screening, intervention, assessment and referrals.
6. Work with student health centers, clinics, and doctors at the University level to provide information about self-screenings and referral options.

7. May is Mental Health month. The first week of the month is Children's Mental Health week; work with the Federation of Families Green Ribbon campaign to help raise awareness about early childhood mental health screening, assessment, and referral options.
8. Continue working with the Tribal Prevention Coordinators, knowing that the needs are great in rural ND and also on the Reservations.

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